

INFORMATION ABOUT HEPATITIS B VACCINE

EMPLOYEE NAME (PLEASE PRINT OR TYPE): _____

The Disease

Hepatitis B is a viral infection caused by the hepatitis B virus (HBV) which causes death in 1% to 2% of patients. Most people with hepatitis B recover completely, but approximately 5% to 10% become chronic carriers of the virus. Most of these people have no symptoms, but can continue to transmit the disease to others. Some may develop chronic active hepatitis and cirrhosis. HBV also appears to be a causative factor in the development of liver cancer. Thus, immunization against hepatitis B can prevent hepatitis and also reduce sickness or death from chronic active hepatitis, cirrhosis, and liver cancer.

The Vaccine

Hepatitis B recombinant vaccine is derived from yeast by means of advanced biotechnology and it produces a protective antibody to hepatitis B. It has been extensively tested for safety. A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HBs) and protection against hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six-month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused hepatitis B. However, persons who have been infected (incubation time of hepatitis B is six weeks to six months) with HBV prior to receiving the vaccine may go on to develop clinical hepatitis in spite of immunization. The duration of immunity is unknown at this time. A series of three 1.0 ml IM doses of hepatitis B vaccine provides protective antibody in over 90% of healthy adult recipients and is 80-90% effective in preventing infections. The first two doses should be given one month apart, and the third dose five months after the second. The duration of vaccine-induced protection and the need for booster doses are not yet known.

Possible Vaccine Side Effects and Precautions

The incidence of side effects is very low. No serious side effects have been reported with the vaccine. A few persons experience tenderness and redness at the site of injection. Low-grade fever may occur. Rash, nausea, joint pain, and mild fatigue have also been reported. The possibility exists that more serious side effects may be identified with more extensive use.

PRECAUTIONS:

- Severe allergy to yeast would be contraindication for receiving the recombinant vaccine.
- PREGNANCY should not be considered a contraindication to vaccination of women who are otherwise candidates for receiving hepatitis B vaccine.
- Hemodialysis patients and other immunosuppressed persons require special dosage. Consultation with a physician is necessary.

CONSENT FORM

I have read the above statement about hepatitis B and the hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

☐ I request that the hepatitis B recombinant vaccine be given to me.

(Signature)

(Date)

☐ I do not want to take the hepatitis B vaccine.

(Signature)

(Date)

Dose	Manufacturer/Lot Number/Expiration	Date/Site	Pt. Initials/Nurse Initials
Vaccine #1	_____	_____	_____
Vaccine #2	_____	_____	_____
Vaccine #3	_____	_____	_____

MSFC MEDICAL CENTER
HEPATITIS B VACCINE

Please read this carefully

Incubation of hepatitis B is relatively long; six weeks to six months; therefore, it is possible for unrecognized infection to be present at the time vaccine is given. It may not prevent hepatitis B in those patients.

Immunization is recommended for adults at increased risk of occupational, social, family, environmental, or illness-related exposure to hepatitis B virus. These include health care personnel, patients requiring frequent and/or large-volume blood transfusions, household or other intimate contact of persons with persistent hepatitis B antigenemia, homosexually active males, female prostitutes, IV drug abusers, certain military personnel, and prisoners.

Two types of vaccine are available:

1. Heptavax is produced from the plasma of chronic HBV carriers. The vaccine consists of highly-purified formalin-inactivated hepatitis B antigen (viral coating material). It has been extensively tested for safety. There is no evidence that the vaccine has ever caused hepatitis B or AIDS.
2. Recombinant Vaccine is a genetically-engineered vaccine. This vaccine, as formulated, provides an alternative to the plasma-derived hepatitis B vaccine for almost all groups at risk of hepatitis B infection. Studies have shown this vaccine to be as effective as the older, plasma-derived vaccine.

CAUTION:

Severe allergy to yeast would be a contraindication for receiving the recombinant vaccine.

Pregnancy should not be considered a contraindication to vaccination of women who are otherwise candidates for receiving hepatitis B vaccine.

Hemodialysis patients and other immunosuppressed persons require special dosage. Consultation with a physician is necessary.

A series of three 1.0 ml IM does of hepatitis B vaccine provides protective antibody in over 90% of healthy adult recipients and is 80 - 90% effective in preventing infections. The first two doses should be given one month apart, and the third dose five months after the second. The duration of vaccine-induced protection and the need for booster doses are not yet known.

VACCINE TO BE GIVEN: Recombinant Vaccine _____
 Heptavax _____

Dose	Lot Number	Date	Patient Initials
Vaccine #1	_____	_____	_____
Vaccine #2	_____	_____	_____
Vaccine #3	_____	_____	_____

I understand that, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine or globulin.

I have read the information on this form about hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks and request that the above marked vaccine be given to me or to the person named below for whom I am authorized to make this request.

Patient: _____

Patient/Parent Signature: _____

Social Security Number: _____

Date of Birth: _____
